

Fort Lauderdale Fire & Safety Museum
At Historic Fire Station 3
1022 West Las Olas Boulevard
Fort Lauderdale, FL 33312

www.fortlauderdalefiremuseum.org

March, 2021

Dear Scholars,

It is my pleasure to present the annual Fort Lauderdale Fire Museum-Lorraine Thomas Scholarship program. The Scholarship Fund was established by the Fort Lauderdale Fire Museum and was generously supported by the late Lorraine Thomas, wife of Wendy's founder, the late Dave Thomas. The Fire Museum is an IRS 501(c)(3) non-profit institution. Its mission is to preserve the history of Fort Lauderdale's Fire Department and to educate our children. A Selection Committee has been formed that is comprised of appointees from the Fort Lauderdale Fire Museum, the Fort Lauderdale Fire Department, the Fort Lauderdale Firefighter's Benevolent Association and IAFF Local 765. The Selection Committee will select Merit Scholars from among applicants that are:

- Dependent children or step-children of active, retired or fallen sworn Fort Lauderdale firefighters who have completed probation, and who are
- High school seniors or college freshmen who will be enrolled as full-time students in an accredited college, university or technical institute in the upcoming academic year.

This year the scholarship fund will award a \$2,500, a \$1,500 and two \$500 grants on the basis of merit - the single most important factor being academic achievement. The Selection Committee also strongly considers other relevant criteria, including personal character, extracurricular accomplishments and social media presence. More information, guidelines and an application can be obtained at the Fire Museum and IAFF Union Local 765 websites.

Best wishes to all applicants, as we remember and honor the late Mrs. Lorraine Thomas.

Sincerely,
FORT LAUDERDALE FIRE & SAFETY MUSEUM

Nathan Morris, President

Please see PDF for requirements and application



Preserving Our Heritage and Teaching Our Youth

LORRAINE THOMAS SCHOLARSHIP FUND

The deadline to submit completed applications is May 31. The Selection Committee expects to announce Finalists by July 31. Applicants will be contacted to schedule an interview to take place during August on a date determined by the Committee. The winners will be selected and announced by August 31. After reading the following, for further information on this year's competition, contact Ms. Debra Flowers, Scholarship Chairperson, 954-828-3616 or dflowers@fortlauderdale.gov, with Scholarship in the subject line.

INSTRUCTIONS TO APPLICANTS

- 1 Application:** All applicants are required to complete the attached Application Forms. Print the forms and type or print your information clearly. Page 1 includes some basic information about you and your eligibility as an applicant and includes a statement for you and a parent to sign, which attests to the accuracy of the information you have provided in your application and to your intention to enroll in a full-time accredited college program in the upcoming school year. Page 2 asks you to list all Scholarships, Grants, Honors and Awards you received. Page 3 is a grid, which asks you to indicate the various extracurricular activities in which you have been involved and the contact information for the individuals who have supervised your participation in these activities. Pages 4 and 5 ask you to write an essay and respond to a few questions about you and your personal opinions. This section of the application is your opportunity to elaborate on some of your accomplishments, but, more importantly, to describe to the Committee which factors you feel have been critical to your motivation and success. Page 6 is a form which summarizes your standardized test score results.
- 2. School Transcript:** Include an official high school transcript with your application. Applicants who have already enrolled in college should also provide a current college transcript.
- 3. Two Letters of Recommendation:** The people you ask to write letters of recommendation on your behalf should be 21 years or older and know you well. At least one must be a teacher or counselor, and neither may be a relative. Give each individual who has agreed to write a letter for you a copy of the "**Instructions Regarding Letters of Recommendation**", which follows, along with a stamped envelope addressed to: Fort Lauderdale Fire Station 53, 2200 Executive Airport Way, Attn: Debra Flowers/Scholarship Chairperson, Fort Lauderdale, FL 33309
- 3. Submitting Your Application:** The application form and all supporting documents (except Letters of Recommendation) must be scanned and emailed to Ms. Debra Flowers, Scholarship Chairperson, Fort Lauderdale Fire Rescue
DFlowers@fortlauderdale.gov
- 4. Submission Deadline:** The deadline for receipt of all materials relating to your application is May 31, 2021.

YOUR APPLICATION IS NOT COMPLETE AND WILL NOT BE CONSIDERED BY THE SELECTION COMMITTEE UNLESS ALL ELEMENTS OF YOUR APPLICATION HAVE BEEN RECEIVED.

- 5. Notification:** The Committee will notify applicants who are Finalists by August 1. Finalists will be scheduled for an interview with the Committee, to take place during August on a date determined by the Committee.
- 6. Selection:** Four Merit Scholars will be selected and announced by August 31, 2021.

INSTRUCTIONS REGARDING LETTERS OF RECOMMENDATIONS

To assist in the difficult task of choosing a winner, the Selection Committee requires two letters of recommendation from individuals 21 years or older who know the applicant well. One must be from a teacher or counselor, but neither from a relative. Your letter should at a minimum indicate:

1. How long you have known the applicant and in what capacity;
2. Ways the candidate has distinguished himself or herself among peers; and
3. Any particular weaknesses or opportunities for growth.

We are most interested in specific examples of commendable behavior (e.g., respect for others, honesty, integrity, personal accountability) demonstrated by the Applicant and observed personally by you. All communications with the Selection Committee will be kept confidential. The Selection Committee understands the time and effort associated with preparing a letter of recommendation and thanks you for your participation and assistance in our evaluation process.

If you have any problems or questions please feel free to contact Ms. Debra Flowers, Scholarship Committee Chairperson at 954-828-3616 or by email at DFlowers@fortlauderdale.gov

Signed Letters of Recommendation should be sent directly by regular U. S. Mail to the address below:

Fort Lauderdale Fire Rescue Station 53
2200 Executive Airport Way
Attn: Ms. Debra Flowers/Scholarship Committee Chairperson
2200 Executive Airport Way
Fort Lauderdale, FL 33309

THE DEADLINE FOR RECEIPT OF LETTERS OF RECOMMENDATION AND APPLICATIONS IS MAY 31, 2021. APPLICATIONS ARE NOT CONSIDERED COMPLETE UNLESS ALL ELEMENTS OF AN APPLICATION, INCLUDING LETTERS OF RECOMMENDATION, HAVE BEEN RECEIVED. THE SELECTION COMMITTEE WILL NOT REVIEW INCOMPLETE APPLICATIONS.

LORRAINE THOMAS SCHOLARSHIP FUND

MERIT SCHOLAR APPLICATION

(Please print out and type or print clearly, scan and email)

Student Name _____

Street Address 1 _____ 2 _____

City _____ State: _____ Zip Code _____

Phone _____ Email _____ Social media accounts: FB _____

IG _____ TikTok _____ Others: _____

COLLEGE: (List the name of the college, university or technical institute you plan to attend next fall. If you will be a freshman next year, please also list all the colleges to which you have applied and specifically indicate those to which you have been accepted.)

Attending: _____ Applied to: _____

Applied to: _____ Applied to: _____

Accepted by: _____

PARENT/STEP-PARENT AFFILIATED WITH THE APPLICANT:

Name _____ F-R Assignment _____

I certify that it is my intention to be a full time student in the upcoming college school year and that all statements on this application form and attachments are true and complete to the best of my knowledge. I understand that false, misleading or incomplete information shall be sufficient cause for my disqualification.

Signature _____
Applicant Date

I certify that it is my child's intention to be a full time student in the upcoming college school year and that all statements on this application form and attachments are true and complete to the best of my knowledge. I understand that false, misleading or incomplete information shall be sufficient cause for disqualification of my child.

Signature: _____
Parent Date

Student Name _____

SCHOLARSHIPS OR GRANTS: (List the name, date and a brief description of the selection criteria for any award you have won for the current or upcoming academic year.)

OTHER HONORS AND AWARDS: (List name, date and a brief description of the criteria and selection process for each Honor or Award.)

Academic: _____

Athletic: _____

Other: _____

Student Name: _____

ESSAY: Please write an essay responding to the question below. Your essay must be typed on a separate sheet of paper, must be single spaced and must not exceed 500 words. It is essential that you express yourself clearly, or the Selection Committee will not be able to understand the important points you are making. **All responses will be used as part of the consideration for selection of Merit Scholars.**

What is the most challenging obstacle you personally have had to overcome, and discuss its impact on you?

OTHER PERSONAL DECLARATIONS: (Please write short answers to the following questions in the space provided.)

What achievements or qualities make you most deserving of receiving a Merit Scholar Award?

What would receiving this honor and the related financial award mean to you?

What academic classes, subjects or experiences have most inspired you and why?

Student Name: _____

PLEASE ALSO TELL US:

What is the last book you read and what about it appealed to you? (Please indicate whether it was read for school or pleasure.)

What is your favorite movie and why? _____

What person in public life most inspires you and why? _____

What is your favorite keepsake or memento and why is it important to you? _____

What words would your friends use to describe you? Why? _____

Student Name: _____

STANDARDIZED TEST SCORES:

Please fill in all applicable scores.

SAT Scores

| Date(s) | Math | Writing | Reading | Total |
|---------|------|---------|---------|-------|
| | | | | |

ACT Scores

| Date(s) | Math | Writing | Reading | Total |
|---------|------|---------|---------|-------|
| | | | | |

Letters of Recommendation Coming From:

#1 Name _____ Title _____

Relationship _____

#2 Name _____ Title _____

Relationship _____